

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/674498**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2		1					51						
3		2		1			52						
4							53						
5							54						
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46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.		←	2	←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS			3				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS